

POSITION:	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>PH</i>	<i>32</i>	<i>1/4</i>
FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>01-09-01</i>
RESPONSE FORMALITY REVIEW	<i>TZ</i>	<i>8947</i>	<i>05/01/01</i>

### INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Date									
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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